ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704
Home Page: **http://www.azmd.gov**

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

**** Please Type or Print ****

PHYSICIAN NAME:_____

LICENSE #: _____ **SPECIALTY**:_____

CHECK ONE: ☐ **Initial Registration ($200)** ☐ **Renewal Registration ($150)**

- Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

PLEASE NOTE

A ***separate*** DEA license must be submitted for ***EACH*** location where controlled substances will be dispensed and must be kept current during the registration period

PRIMARY PRACTICE LOCATION: **DEA # FOR THIS LOCATION:**

Street Address				**City/State/Zip Code**			
Phone Number				**Fax Number**		**E Mail**	
Schedule II Drugs		**Schedule III Drugs**		**Prescription-Only Drugs**		**Nubain**	
Schedule IV Drugs		**Schedule V Drugs**		**Prescription Devices**			

ADDITIONAL PRACTICE LOCATION: **DEA # FOR THIS LOCATION:**

Street Address				**City/State/Zip Code**			
Phone Number				**Fax Number**		**E Mail**	
Schedule II Drugs		**Schedule III Drugs**		**Prescription-Only Drugs**		**Nubain**	
Schedule IV Drugs		**Schedule V Drugs**		**Prescription Devices**			

******* List any additional locations on the reverse side of this form and place a check mark here:** ☐

Physician's Signature: _____ **Date:** _____

Initial registration fee: $200.00 *per physician*

Renewal registration fee: $150.00 *per physician*

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

If you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM

ADDITIONAL PRACTICE LOCATION: **DEA # FOR THIS LOCATION:**

Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

ADDITIONAL PRACTICE LOCATION: **DEA # FOR THIS LOCATION:**

Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

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Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

Arizona Medical Board

PAYMENT CARD AUTHORIZATION
DISPENSING

Payment for: _____**M.D.** **License #** _____
Physician Name

Initial ☐ **$200** **Renewal** ☐ **$150**

Type of Card: ☐ **Visa** ☐ **MasterCard**

Card #: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiration Date: ☐☐-☐☐ **(MM-YY)**

Name as Shown on Payment Card: _____

Billing Address of Cardholder:
(Required)
Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number of Cardholder: _____
(Required)

Mailing Address of Cardholder: (If different from billing address):

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature of Cardholder: _____ **Date:**_____

Please complete and return this form if paying by credit card.

Mail to: Arizona Medical Board, 9545 E. Doubletree Ranch Rd., Scottsdale AZ 85258-5514